

State CMS Certification Number (CCN)*	Provider Name
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Address	City	Zip	Phone
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Type of Ownership Offers Nursing Care Services
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Offers Physical Therapy Services

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Offers Occupational Therapy Services

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Offers Speech Pathology Services

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Offers Medical Social Services

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Offers Home Health Aide Services	Date Certified	Footnote
Offers Florife Fleatur Alue Services	Date Certified	i ootiiote

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